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MORE DEATHS FROM CHLOROFORM.

[Communicated for the Boston Medical and Surgical Journal.]

WITHIN the last few months an additional number of deaths have occurred from the use of chloroform. The whole number known and published has now reached at least eighteen; but it is fair to suppose that many have occurred under such circumstances that the veil of secrecy could be drawn over them.

The first of those in the following arrangement is quite remarkable for the striking character of its facts, and not less so for the clear and satisfactory manner in which they are related. Many practitioners in England, some in France, and a greater number in this country, have discontinued the employment of chloroform. In the mean time ether is used freely, daily and harmlessly. No ill consequence worthy of record has fallen within our knowledge; but on the contrary its usefulness becomes more obvious in proportion to our experience of it, and multitudes of patients as well as surgeons are constantly pouring out their thanks for the discovery of so valuable and unexpected a mitigation of human suffering.

The uniform success of ether in this part of the country may be attributed to two circumstances: one is, its very free and decided use. The other is, the great caution exercised before and during its administration, and its consequent rejection from trifling operations and improper cases.

Sulphuric and strong chloric ether are both employed. The latter is most agreeable, but when freely used is apt to produce soreness of the face, unless some unctuous substance has been previously applied.

1. *Instance of sudden Death from the Use of Chloroform.* Reported to the Academie de Médecine, &c. Gazette Médicale de Paris, 20th October, 1849.

Madame Labrune, 33 years of age, in good health, applied to M. de Confevrou with the request that he would administer chloroform to her previously to the extraction of a tooth, which the dentist said would be effected with some difficulty.

The patient having been etherized on former occasions for slight surgical operations, by the reporter, without any ill consequences, and being

at this time in perfect health, M. de Confrevon yielded to her solicitations, not regarding some slight mental emotion which she had shortly before experienced, as presenting a sufficient obstacle to the gratification of her wishes.

Having determined to produce only the slightest degree of insensibility, about fifteen grains (one gramme) of chloroform was poured upon a fold of lint the size of a filbert, enclosed in a handkerchief. This was held at a distance from the nostrils by the patient herself.

Its effects were manifested in eight seconds, and the reporter remarked constant winking of the eyelids. The patient repulsed the dentist's hands, making signs that the effect was not complete. She then made four or five fuller inspirations. At that instant M. de Confrevon removed the handkerchief, and only took his eyes from the patient for one moment, occupied by placing them on the nearest piece of furniture; but in this short interval he found the patient's face turned pale, the lips discolored, the features altered, the eyes turned upward, the pupils widely dilated, the jaw closed, the head drawn backwards, the pulse not to be felt, the limbs all relaxed; and a few inspirations at long intervals were the only remaining indications of life.

For two hours every means of restoration were employed:—stimulation of the nostrils by ammonia; frictions of the surface; actual cauterization of the præcordial region; artificial respiration and galvanism—all were had recourse to, but without success. The patient was dead.

An examination was made of the body thirty-eight hours after death. The membranes of the brain, and especially the veins of the base of the cranium, were gorged with black fluid blood. The sinuses of the *dura mater* were also full of blood. The substance of the brain was healthy, and when cut presented very numerous dark bloody points. A considerable quantity of serum filled the base of the cranium and vertebral canal. A perceptible quantity of air bubbles was seen in all the veins at the base of the brain. The heart was flaccid, and a considerable portion of black fluid blood mixed with air-bells escaped from a puncture made into the left auricle. Air-bells were also found in all the large veins of the body. The lungs were crepitant throughout, and presented, when cut, a grayish slate color. The abdomen was distended by gases. The intestines were not examined.

Remarks.—"This case, possessing of itself a high degree of interest, might be regarded as an isolated fact—as one of those unfortunate cases occasionally occurring, but from which science derives but little instruction. It might be said to be one of those rare and inexplicable instances of sudden death from unknown causes, of which other examples may be found in both ancient and modern writers. But viewed, on the other hand, in connection with the cases related by Mess. Robert, Barrier and Gorré, it acquires great importance and leads to very different conclusions. It may be observed, in the first place, that facts of this kind have become so multiplied that it is no longer possible to attribute them to any other cause than the operation of the chloroform. Omitting all the cases of which the exact details are not given, and confining the attention to those already referred to, it is clearly impossible to arrive at any other

conclusion. In all these, the symptoms which preceded death, compared with the necroscopic results, prove the extinction of life to have been owing to real asphyxia, the direct effect of the special deleterious influence of chloroform on the brain."

"In the present instance the patient died as if struck by lightning, despite the small quantity of the vapor inhaled, and the precautions observed. There was no warning, as in M. Gorre's case, no complaint of sense of suffocation; on the contrary, the patient, at the moment of expiring, indicated that the anæsthesia was not complete, and this was shown by her still tightly holding the handkerchief, when taken from her.

"M. Sédillot has shown, that the supervention of muscular relaxation is the period at which the administration of the agent should cease; but the preceding case shows that this indication is fallacious. The pulse does not furnish a more certain indication, since, in M. Barrier's case, life and the pulse ceased simultaneously.

"The presence of air in the vessels, M. de Confevron is disposed to attribute rather to his own forcible efforts to produce artificial respiration, than to the spontaneous development of air in the veins as a peculiar effect of ether, as supposed by M. Gorre. The other pathological appearances were distinctly those of asphyxia, resulting from a poisonous influence exerted on the brain."

II. Instance of Death from the Use of Chloroform administered during a Surgical Operation. By Mr. Samuel Solly, Surgeon to St. Thomas's Hospital. London Medical Gazette, No. 1144, Vol. XLIV. 2d Nov. 1849, page 757.

John Shorter, aged 48, a porter, known to Mr. Solly for some time as a very active messenger, habits intemperate, but apparently in perfect health, was admitted into George's ward, under Mr. Solly, on the 9th of October, 1849, suffering from onychia of the left great toe, which had existed for some time. It was determined to remove the nail, the man having decided before entering the Hospital on taking chloroform.

On Wednesday, Oct. 10, at a quarter to 2, P. M., he began to inhale the chloroform with one drachm in the inhaler. It had no visible effect for about two minutes. It then excited him, and the instrument was removed from his mouth, and about ten drops more were added. He then became almost immediately insensible; the chloroform was taken away, and the nail removed. He continued insensible; and, his face becoming dark, the pulse small, quick, but regular, respiration laborious, his neckerchief was removed, and his chest exposed to fresh air from a window close to the bed; cold water was dashed in his face, the chest rubbed, and ammonia applied to the nose. After struggling for about a minute, he became still, the skin cold, pulse scarcely perceptible, and soon ceased to be felt at the wrist; respiration became slow and at intervals, but continued a few seconds after the cessation of the pulse. Immediately on the appearance of these symptoms, artificial respiration was commenced by depressing the ribs with the hands, and then allowing them to rise again until the proper apparatus was brought, when respiration was kept up by means of the trachea-tube and bellows, and oxygen gas introduced into the lungs by the same means. Galvanism

was also applied through the heart and diaphragm, but all signs of life ceased about six or seven minutes after the commencement of inhalation. These means were persisted in until a quarter past 3, but to no purpose. On removing the inhaler, the sponge, which contained only one drachm, fell upon the floor, and the chloroform splashed about—thus showing that a considerable part of the chloroform remained unused; so that the patient could not have inhaled more than a drachm. Every effort was made to procure a *post-mortem* examination, but in vain.

III. *Instance of fatal termination of Delirium Tremens during the administration of Chloroform.* London Medical Gazette, Vol. XLIV., No. 23, 1849.

The particulars of this case may be found in No. 26 of the last vol. of this Journal.

IV. *Case of Death ascribed to Inhalation of Chloroform.*

In the Hereford Journal is recorded a death from the use of chloroform, previous to the performance of a surgical operation. On Wednesday, Dec. 5th, a young Welsh woman, named Jones, living near the Craven Arms, between Church Stretton and Ludlow, had come to Shrewsbury to undergo the operation of extirpation of the eye-ball. Mr. W. J. Clement, the surgeon under whose care she was, administered previously about one third of the quantity of chloroform, it is said, which he was in the habit of giving to other patients. The patient very soon became insensible, and, after muttering a few words in Welsh, expired almost immediately, as if she had been poisoned by hydrocyanic acid.

On the evening of the same day, the Coroner held an inquest on the body; and the jury returned a verdict of "Died by apoplexy, in consequence of inhaling one drachm of chloroform."

J. C. W.

Boston, Feb. 9, 1850.

BRIEF REMARKS ON TROPICAL CLIMATES

[Communicated for the Boston Med. and Surg. Journal.]

THE years 1832 to 1835, inclusive, were spent by me in the practice of my profession at the Sandwich Islands. On my return to this country, I published extended remarks on the climate and diseases of those islands, in the American Journal of Medical Sciences for May, 1837. In the Boston Medical and Surgical Journal of July 25th, 1849, is an interesting article from the pen of Dr. S. Tracy, on "Siam—its climate and diseases." Dr. Tracy spent several years in Siam, residing among the people and learning their language and customs. His article has great interest to me, from the close similarity which it has in many particulars to my own relating to the Sandwich Islands. The two countries are nearly in the same latitude, between 11° and 22° north; their surfaces are similar, lofty mountains interiorly, falling off with table lands and extensive plains to the sea; and the climate is much alike, both places having dry and rainy seasons, the thermometer ranging through the year from 58° to 98° in Siam, from 54° to 88° at the

Sandwich Islands. The heat is tempered much at the latter place by the perpetual trades of the Pacific Ocean.

The habits and practices of the people in the two places are also similar, the same as in most intertropical places among the unenlightened and semi-barbarous—indolent, scantily clad, sheltered and fed, sensual, and *all* given to immoderate smoking of tobacco. They live on vegetable food mostly—the Siamese on rice, the Sandwich Islanders on the sweet potato and kalo, though, unlike the former, they eat meat of various kinds when they can obtain it.

The continued and excessive heat of intertropical climates is *not of itself* sufficient to induce disease; and with that care which reason and discretion would prescribe, I know not why people might not live to the longest period allotted to man. *Cold* appears to be the greatest cause of disease; and though many degrees of atmospheric change seldom occur in the twenty-four hours, whatever change there is, is felt in its fullest force. With poor habitations for the most part, penetrable by wind and rain, with clothing thin and scanty, every passing breeze pierces to the skin, and the slightest changes of temperature are quickly and severely felt. Add to this the practice, common everywhere, of seeking the coolest places, when overcome with heat and exhaustion, and that, too, with the bodies almost naked, and it will not be difficult to conclude what classes of disease must be induced and abound.

At the Sandwich Islands, remittent fevers, catarrhs, asthma, rheumatism, dysentery, dropsy, scrofula and ophthalmia are common. The *itch* and the *venereal* are the most frequent; they have been imported there, and are the only communicable diseases continually prevailing. The measles and whooping cough have been carried there, I believe, for the first time, during the past year, and their ravages have been terribly fatal. A practice of plunging into *cold water*, during the febrile and eruptive stages of the measles, produced numerous fatal metastases, generally to the bowels. To the remoteness of the islands from the mainland, is owing their general exemption from diseases propagated only by contagion. Scarlatina I never saw there, and the croup but seldom. Their simple and easily-digestible food saves the *natives* from dyspepsia, carious teeth, and various other diseases incident to foreigners.

Fever-generating miasmata do not appear to exist; and it might be an interesting subject of inquiry which I have not seen discussed, why the islands generally throughout the world, if we except those spots covered by cities made pestilential by crowded populations, are so free from those poisonous exhalations, which abound on the continents so generally between the tropics; and during the warm weather, over such an extent of the temperate regions, especially along the rivers.

It is also an interesting and important fact, that along with the absence of malaria, exists also a great immunity from hepatic diseases. Biliary derangements have usually been regarded as belonging *specially* to hot climates, and they abound most during the warm seasons in the temperate regions. The cause attributed by Dr. Johnson and others is sympathy between the perspiratory organs and chylipoietic viscera. This writer lived in southern India; and writes on diseases of the tro-

pical climates have generally, if not altogether, resided on a continent. Hence their views on the causes of hepatic diseases may not apply to insulated portions. They are certainly erroneous as applied to the West Indies, and to all of the intertropical islands throughout the Pacific. Dr. Tracy says that "intermittent fevers prevail in some seasons in Siam." They are malarious in their origin. They *never* exist at the Sandwich Islands; and why is it? There is *intense heat* in abundance; there are swamps, standing pools, running streams, and rapid evaporation of course, and active decomposition of vegetable and animal matter. The streams are, however, as on most islands, short and rapid, and hurry with a few meanderings into the sea, and never become stagnant. May not the great exemption from *koino-miasmata* be attributed to the *ever* passing sea breeze, which by diluting and rapidly removing the rising vapors, renders them inert and powerless to injure? And may not the same apply to thousands of other islands where the same exemption from malarious influences exists?

In my article in the American Journal of Medical Sciences, already referred to, is the following. "*Rheumatism* is of very frequent occurrence, notwithstanding the very prevalent belief that 'it is almost peculiarly a disease of cold and variable climates, and is rarely met with in warm and more uniform latitudes.' Indeed there is so much similarity in the customs and habits of savages in all portions of the torrid zone, that I can see no reason why the Sandwich Islanders in particular should be affected with rheumatism, and am irresistibly led to the conclusion that it is equally prevalent at the adjacent islands, and at all places throughout the intertropical regions, where the same exciting causes exist." I have seen nothing since to change my views in the foregoing, but find myself fully sustained by the observations of Dr. Tracy in relation to Siam. He says in his article, "It is a common remark of authors, that rheumatism is a disease of temperate, and not of tropical climates. I should call this a great error, so far as my observation goes; for I believe that there is as much, if not more of this disease in the very even climate of Singapore, where the thermometer seldom varies ten degrees in the whole year, as there is in any part of New England. No doubt much of this is induced by unnecessary exposure; yet I believe that the prevailing impression is derived from the experience of those who have in their own persons experienced the benefit of an equable temperature for a limited period only." I attribute the more importance to Dr. Tracy's opinions, from the fact that he lived *among the natives*, and learned the diseases indigenous to *them*. Our writers on hot climates have too often been mere travellers, or at the most temporary residents, attached to the navy or to some military station, and have known but little *accurately* of the native population. We probably, too, derive our ideas of rheumatism in a great degree from the fact that it is less prevalent in warm weather among us. The constitution becomes so impressionable in warm climates, that very slight variations in the atmosphere are as severely felt as the greatest changes with us. Individuals going from our latitude to the tropics, for a time feel the genial change, but at length become equally impressionable with the native population; and rheumatism,

which they supposed had remained to torment in its *native clime*, is with them, and may attack with redoubled vehemence. One of the severest cases which I ever witnessed, appeared under just such circumstances. Let our winters depart and perpetual summer ensue, rheumatism would still prevail, and with equal intensity.

The foregoing, called forth by Dr. Tracy's article, are merely *facts*, which perhaps deserve extended discussion by our medical writers?

E. Abington, Feb. 1850.

A. CHAPIN.

IMPORTANCE OF CORRECT DIAGNOSIS IN DISEASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—This communication may be considered a continuation of the one published in your Journal for January 23, entitled, "Importance of correct diagnosis in disease." And here I wish to guard against being misunderstood in one sentence of that article. Instead of "Had the diagnosis been *empyema*, which the symptoms and physical signs must have indicated, caused by chronic pleurisy, instead of consumption," &c., it should have been, "Had the diagnosis been *empyema*, caused by chronic pleurisy, which the history of the case and the symptoms and physical signs must have indicated, instead of its having been consumption," &c. I should also have stated that in connection with the other morbid appearances discovered by that autopsy, the whole of the pleura of the left cavity of the chest exhibited the effect of chronic inflammation.

Soon after the autopsy above alluded to, a lady of this town, æt. about 50, called on me for advice. She stated that about two months previous, she was attacked with a severe pain in the right side, attended by a dry, hard cough, loss of appetite, and some fever. She had had some cough for years, but up to that time had been as well as usual. After a little while the pain abated, but did not entirely leave her. At the time she called on me, the case exhibited the following symptoms and physical signs. Dyspnœa increased by motion; inability to lie upon the left side; enlargement of the right side, and protrusion of the intercostal spaces; a small, frequent pulse; the tongue covered with a thin, whitish coat; dulness of sound on percussion of the right side, except just below the clavicle and about the region of the scapula; absence of the respiratory murmur, except at the root of the lung, the right side remaining perfectly motionless, and puerile respiration in the left lung.

The attack in the onset was not considered of sufficient violence by herself and friends, to make it necessary to send for a physician, and she had not called on one until that late period, thinking her disease to be consumption, and that medical treatment would be of no utility. She was the more confirmed in these opinions, from having lost a sister some years since, and a brother more recently, with what was supposed to be consumption. The brother was said to have exhibited precisely the same symptoms that she was laboring under. He was attended in his illness by the same physician (now in California) who first saw the pa-

tient, an account of whose death, and the post-mortem examination of the body, was given in my former communication.

The diagnosis in this case was chronic pleurisy, with effusion into the pleural sac of the right side. The prognosis was somewhat favorable; giving her encouragement that with strict attention to directions, she might most probably recover her health. The treatment consisted of repeated blisters to the affected side, pulv. Dov. grs. vi., cal. gr. ss., every eight hours; diuretics, an occasional cathartic of salts and senna, with rest and low diet. The pain in the side was soon removed, the tongue became clean, the dyspnoea less, the pulse natural as to frequency, and there was a return of the appetite. She was now directed to take gentle exercise in the open air, with a more nourishing diet, and the iod. pot. grs. iii. a iv. was given three times a day in a mild bitter infusion, and an occasional blister was applied to the affected side. Under this treatment she gradually regained her health.

Some years since, a young man, now under my care for chronic laryngitis, then a lad of 14 or 15 years of age, had the scarlet fever, followed by an attack of acute pleuritis of the left side. The physician who attended him pursued the usual treatment, by which the symptoms were in some measure abated, but the disease not wholly subdued. This was the first of February. Some time in March a pulsating tumor made its appearance just below the left nipple. The diagnosis was *aneurism* of the thoracic aorta. Prognosis, death. A neighboring practitioner was sent for, who understood the pathognomonic symptoms and physical signs of empyema more clearly than the other, and he put a lancet into the *aneurism*, and forthwith there gushed out, not blood, but a large quantity of matter, to the no small surprise of the attending physician, and the great relief of the patient. A few weeks after this, an opening was made in a more dependent part of the chest, and he gradually recovered, under the judicious use of tonics and other appropriate remedies.

March 13, 1840, a little girl æt. 12 years came under my care from a neighboring town. The physician who practised in that town pronounced her disease consumption. The symptoms in the case were great dyspnoea, enlargement of the right side, protrusion of the intercostal spaces, œdema of the right side, and inability to lie on the left side. The physical signs—dulness on percussion, entire absence of the respiratory murmur in the right lung, and puerile respiration in the opposite lung. Together with these there was great emaciation, with hectic fever. I tried to get her consent to perform the operation of paracentesis thoracis, but could not. She died in about three weeks. Being absent from home at the time, no post-mortem examination was had in this case. There can be no doubt, however, that this was a case of *empyema*.

In your Journal for June 28, 1848, in an article communicated by a physician of Boston, an account is given of a patient, who performed the operation of paracentesis thoracis upon himself, in a case of what his "physicians and friends considered pulmonary consumption, with the gloomy prospect of a speedy and fatal termination." Taking into consideration the manner in which this man was attacked, he having taken "a

violent cold which settled on his lungs," "the pressure and weight felt in the chest," with the increase of these during the progress of the disease, the "stiff jet of matter, which followed the blade," after the puncture had been made at the "point where was felt the greatest pressure and tenderness," "the large quantity of matter discharged at the time, and also afterwards, but which continued to lessen in amount until recovery," can there be any doubt that this was a case of *empyema*, and not "pulmonary consumption." And had this been the diagnosis of Dr. Prior, he would not have asked the question, when requested to perform the operation of *empyema*, "who ever heard of such an operation?" for it is as old as the time of Hippocrates, and one with which he must have been acquainted, unless the confidence of his patient in him was very much misplaced.

"Accuracy of diagnosis is the foundation of good practice in all diseases." "The pronouncing a disease to be incurable, which in reality may not be so, is a most grievous error; for it cuts off from the patient resources which had been available, were they not interdicted by ignorance of the nature of the disease." In the case related in my former communication, the first physician who saw the patient pronounced the disease consumption, because, on applying the ear to the chest, he heard "mucous rattle," and therefore gave him over. The second one found, on applying his ear, there was absence of the respiratory murmur in the left lung, and his diagnosis was *consumption*, "the lung destroyed by ulceration." The first examined the chest before the accumulation of the fluid was so great as to compress the lung completely, and consequently heard *bronchial* respiration. The other made his examination after the accumulation had become so great as to compress the lung entirely. Now at the time either of these physicians was called in, if he had had clearly in his mind the pathognomonic symptoms of tubercular phthisis and *empyema*, and also the physical signs, the diagnosis would most probably have been correct, and then a puncture made in the proper place *might* have resulted as favorably as did the one made in the patient, as detailed in the second case of this communication, or as the jack knife puncture did, in the case related by your Boston correspondent. Why any one should mistake the case for cancer of the stomach and apoplexy of the lung, I am at a loss to determine, there being very little likelihood of the two last named diseases ever occurring in the same individual, or either of them being confounded with *empyema*. In the case where *empyema* was mistaken for aneurism, it was done because the pulsations of the heart were communicated to the tumor. But taking into consideration the history of the case, and the symptoms and physical signs, there could be no difficulty in making out the diagnosis.

A. F. STANLEY.

Winthrop, Me., Feb. 2, 1850.

TUBAL AND PARIETAL FŒTATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit to you the following interesting case of extra-uterine pregnancy, together with its fatal results, which perhaps you will deem worthy of a place in your pages.

The patient, a married female, aged 29, was, early on the evening of February the 3d, suddenly seized with severe colic pains (apparently), chills and vomiting, and extreme prostration of strength. I first saw her at about 10 the same evening, and found her bathed in a cold sweat, with cold extremities, slow and feeble pulse, bowels extremely distended and tender to the touch, and she complained of severe pain throughout the entire extent of the abdomen, extending up the back to her shoulders. Having remained with her something over an hour, and prescribed such remedies as seemed to be required, I left her for the night. Upon calling again early the next morning, I found that for some time during the night she had been easier and slept some, but towards morning the pain had returned with renewed violence, and at the time of my visit the pulse had become irregular, the countenance cadaverous, the tongue pale and flabby, with faintness of articulation, &c. In short, the symptoms were those of rapidly approaching dissolution, and such as ordinarily accompany profuse internal hemorrhage. At about 12 o'clock, M., upon attempting to take a little nourishment, offered by her husband, she fainted, as it were, and expired.

Autopsy.—Upon exposing the cavity of the abdomen, a large mass of coagula (perhaps three pints), was found occupying principally the region of the right hypochondrium, together with a large quantity of bloody serum—and in the fluid an embryo of some two months was discovered, enveloped in its membranes and with a *perfect decidua* attached; and, at the posterior portion of the right fallopian tube, at its connection with the uterus, a laceration about an inch and a quarter in length, and the remains of a cyst, formed in part by the parietes of the tube, and in part by a portion of the right wall of the uterus, which at this point did not exceed three lines in thickness. The internal surface of the cyst presented nothing remarkable, except at the point of the placental attachment, which was highly vascular and uneven. The uterus was somewhat enlarged, and contained within its cavity a substance as much resembling adipose matter as anything, with no traces whatever of a *proper decidua*. The peritoneal surfaces and abdominal viscera presented nothing peculiar, and afforded no evidences whatever of inflammation.

The patient informed me, before her death, that she had seen no catamenia since the 28th of November last; and I have been informed by her husband since, that at times she had complained of morning sickness. The size and appearance of the breasts afforded satisfactory evidence that the mammary sympathies had been excited. Thus we are assured that extra-uterine fœtation may be accompanied with the ordinary symptoms of natural pregnancy. It is most probable that the rupture of the cyst was occasioned by a somewhat sudden and violent effort the patient made, on the afternoon of the day she was taken, though it is rather singular that no unpleasant symptoms should have ensued until after a lapse of some two hours, as was the fact.

The above case is the more interesting, from the fact that it is one conjointly of tubal and parietal fœtation, of which I do not know that there is a solitary instance on record.

Very respectfully,

Ansonia, N. Haven Co., Ct., Feb. 7, 1850. S. P. CHURCH, M.D.

SINGULAR CASE OF RELIEF FROM ASTHMA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case, which has been one of interest to me, I transmit to you; and if you think proper, you are at liberty to insert it in the Journal.

Deacon B., of H., a shoemaker by trade, from early childhood has been severely afflicted with spasmodic asthma, at times so severe as to disable him from taking rest in a horizontal position. Often for weeks together, during sixty years, he has been unable to sleep upon a feather bed. The paroxysms were frequently so severe as to oblige him to have recourse to medical assistance. Ether would at times give instant relief, but the paroxysms would soon return. Different narcotics and stimulants have at times given temporary relief, but no one remedy ever produced any permanent good. He was always obliged to leave the room when particles of dust were agitated, as in sweeping or making beds, &c. Some time in 1840 his difficulty increased to such a degree, that any exertion, especially in the morning, such as kindling a fire, would bring on an attack, which would threaten suffocation. In August, 1840, he arose from his bed of straw (for he usually slept on straw, or obtained a little rest in an erect position in his chair), commenced building his fire in the stove, and placed a kettle of water over it, when he was attacked with a most violent fit of coughing and spasmodic breathing, which finally produced complete suffocation. I was hastily summoned to see him, the messenger saying he was dead. In a few moments I was at his house. Found him held in his chair by his daughter, with his head partly thrown back, eyes open, pupils dilated to the full extent, mouth open, under lip hanging, pulseless at wrists, breathing apparently entirely ceased. I immediately examined the region of the heart, but could find no pulsation. These phenomena being present, I concluded he must be dead; but feeling anxious to do something, if possible, to resuscitate the good old man, I desired the friends to place his feet in hot water, which was instantly done, and use friction to the arms, hands, feet, &c., at the same time dashing cold water over the face and breast, applying ammonia to the nose, and endeavoring to get a few drops of ammonia and water into the throat, but apparently to no purpose. The above treatment was commenced at half past six. The family soon became disheartened, but I urged them to persevere. As the clock struck seven, with my hand over the heart, I first perceived a slight tremulous motion, which encouraged us to continue our efforts. In a few seconds there was a violent pulsation, and at the same instant a most frightful scream, which continued at intervals for nearly three hours. As soon as the pulse could be perceived at the wrist, I opened a vein in the arm. The blood was very dark and sluggish. Breathing was now established; but at every breath the cries were most appalling, to be heard 10 or 15 rods; yet the patient was unconscious till ten, A. M. He complained of severe pain in the head, for two days, but this gradually subsided. Since that time (*which is nine years*), Deacon B. has never been troubled with his breathing, or even with any symptoms of asthma.

QUERY.—What changes were produced in the lungs, or nerves supplying them?

The old gentleman's health is tolerable for a man of his age, which is now 83. Since the above attack, he has been subject to drowsy seasons; also complains of pains and stiffness in the large joints, and chalky concretions surround most of the smaller ones. Yet he is able to walk about his premises.

Yours respectfully,

Hopkinton, N. H., Feb., 1850.

C. C. T.

MEDICAL MEN AND MEDICAL INSTITUTIONS IN ENGLAND.

LETTER FROM (MISS) E. BLACKWELL, M.D., TO PROF. JAS. WEBSTER, ROCHESTER, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—I have just received your letter dated the 7th of May. It has followed me across the ocean, and found me at last quietly settled down in the great centre of civilization.

Indeed you are right in supposing that Geneva, and everything connected with it, will always possess the deepest interest to me. The time I spent there was the happiest period of my life, and all my hopes and efforts, my whole future, is blended with the remembrance of my College.

I am sure that you will be glad to hear that my stay in England was satisfactory in every way. The reception I met with from English physicians was as pleasant as it was unexpected. I had supposed that conservative-ism was so strong in that land of venerable precedents, that I had determined not to introduce myself to the profession, but to make a short visit to my relatives and pass on at once to more liberal France. While staying, however, at my cousin's house near Birmingham, a friend asked me if I had any curiosity to visit the medical institutions of that town—adding that he had mentioned the fact of my being in England to one of the surgeons of the Queen's Hospital, who as soon as he was convinced that the lady in question was no ideal being, sent me a cordial invitation to be present at an operation he was about to perform, and that he had also made arrangements for me to visit all the hospitals in town. Of course I joyfully accepted the invitation. Mr. Parker received me very politely, showed me over the Hospital, which is small but very well arranged, and then accompanied me into the operating room. As usual, it was a matter of great curiosity to the students; they had been peeping out in every direction, and thronged the operating room in unusual numbers, to see the strange sight, a lady surgeon. As usual, however, in five minutes my presence was forgotten, and undivided attention was given to the amputation, very skilfully performed by Mr. Parker—the dressing simple as in America. I visited the College and Museum and Lying-in Hospital, which possessed no points of interest—but the General Hospital, under Dr. Evans, presented much to excite attention. Although an old and consequently not well-built establishment, the patients are very numerous, and I saw many cases of interest. I was struck with the scrofula which prevails everywhere, and renders the successful treatment of disease extremely difficult. There

were several cases of Bright's disease, in which the hot-air bath had been used to great advantage. One case was particularly pointed out, and the facts were about being published. It was an operation for aneurism of the subclavian artery, in the third stage; the man seemed feeble, but convalescing. My visit to this Hospital was a most gratifying one. I was conducted over every portion of the building; every case of interest, with its treatment, was pointed out to me, and every effort made to render it useful as well as amusing.

I spent but one week in London. I soon found that I could pass months in visiting the many noble institutions of that great city; but as my object was to study, I found it necessary to economize my time, and therefore determined to get a good general view of London, so that I might be able to compare it with Paris, particularly in regard to my special object. I was fortunate in being able so to arrange my week in London, that I not only saw the sights, but also something of the social life of its various classes. I could fill many sheets with descriptions of what I saw of interest, but I will confine my account to a few hints of my professional observations. Thanks to family influence, I obtained some good introductions, which at once enabled me to arrange my time to the utmost advantage. I found a friend at once in Dr. Carpenter. He is a most agreeable man, of wide information and varied talents. He took much interest in my success, and aided me in every way in his power while I remained in the city. He is paying much attention to microscopic anatomy, and it is said possesses the finest microscopes in England. He showed them to me. His preparations are exceedingly beautiful. Dr. Horner brought some over from America to compare with his, but was inclined to throw them away in disgust, they seemed so coarse by the comparison. Dr. Percy, a distinguished chemist and physician, also aided me most kindly. Mr. Hare, father of the doctor, who as surgeon has paid much attention to spinal diseases, showed me his private collection of casts, many of which I recognized at once as the originals of pathological drawings. I visited St. Thomas's Hospital, in company with Mr. South, the Surgeon, who showed me the most cordial attention. I was struck with the substantial appearance, the enormous wealth of these great London hospitals. St. Thomas's closely resembles Guy's, which is near by it. It is not, however, quite so large, containing 450 beds. It has an income of £32,000 per annum. Some of the hospitals possess a still larger fortune. After visiting the fine pathological museum, the offices, lecture rooms, &c., I went through the wards with Mr. South during his clinical lecture. A large number of students were present. Their behavior was quite orderly, and their appearance very similar to our own students, except, perhaps, that they wore a little finer broadcloth. As I walked by the side of Mr. South at the head of the procession through the long stone galleries of the great building, the long files of students behind us, or standing in groups around the bed-side, receiving every information and taking part in the examinations, I could hardly realize that I was in England. I almost expected the whole scene to fade away like a dream. Nothing could be more friendly, more considerate, than my reception. Before I left, I

received several invitations from physicians connected with the hospital to attend lectures, visit dispensaries, &c. The treatment pursued in the hospitals corresponds very closely with ours. The separation of medical from surgical cases, which I am surprised to find is sometimes neglected, was maintained here. They had had ten operations for stone in one year, and all successful.

The Consumption Hospital did not interest me, although a favorite charity of the Queen's. It is an admirable building, furnished with modern improvements. The patients are only received for a few months; but the disease seems to be considered hopeless, and a routine treatment is observed, chiefly cod-liver oil. The Bethlehem Hospital for the insane is an admirable institution. The intelligent resident physician, Dr. Wood, accompanied me through it. It is spacious, and kept in beautiful order. The humane modern treatment is carried out there. The workshops are numerous, the billiard-room, library, music-room, &c., were all in use. Some relics of the older treatment still cling to the institution. Dr. Wood had long wished to substitute steel knives for the wooden blades with which the patients were obliged to tear their food; but the keepers were so fearful, that the day of my visit was the first time he had been able to introduce the change. The patients were busily engaged at dinner. Much satisfaction was shown by them, and the nurses seemed reassured by the successful trial. I really could not think they had much cause for alarm; for though the knives were certainly steel, the blades were fully two lines thick.

But my most interesting visit in London was paid to the Hunterian Museum, in company with Mr. Owen, the anatomist, who lectures there. It is truly a noble collection, admirably arranged. Mr. Owen is a man of genius. He made the dry bones live; each specimen became a word of power with which he re-created the material world, and developed the wonderful laws which extend through every portion of it. If I return to London I shall certainly accept Mr. Owen's kind offer, and spend a week in studying various portions of that great Museum. I had a strong desire to hear the lectures of Mr. Paget, who is said to be the most promising surgeon in Great Britain; but I was obliged to decline his invitation for the time. I thought it wiser to go at once to Paris, and see if it was really the place for me; so with real regret I left the hospitable city, with a heart full of hope, and the encouraging assurance that if Paris should disappoint me, I was sure of a welcome in London.

I have only time to say that I have been now a month in Paris, and I cannot yet tell whether I shall be able to accomplish both my objects, obstetrics and surgery. The cholera, the political excitement, the excessive heat, have all disturbed the usual course of things. The lectures are very irregular during the summer. I have attended lectures in the Jardin des Plantes and the College of France, but they are now mostly closed till November. I therefore propose to devote the summer to obstetrics. I shall enter the Maternité, probably the first of July, to give myself zealously to the work for three months. At the end of that time I shall be more of a Frenchwoman than at present, and be able more clearly to understand Paris. If it is worth while, I shall spend the

winter here ; otherwise I return to London. M. Roux assures me I shall have every aid. Louis and Dubois seem rather friendly ; but I am still a stranger in Paris, and cannot yet judge.

You see, my dear doctor, I have presumed upon your sympathy, and sent you, I fear, rather an egotistical letter. But I must trust to the kind feelings you have expressed to your old pupil, and ask you to receive it favorably.

With true respect, E. BLACKWELL.

Paris, June 23, 1849.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 20, 1850.

Dr. Gibson's Three Lectures.—No one ever gets the attention of an audience, we imagine, more entirely than the professor of surgery in the University of Pennsylvania—particularly when he gives an introductory discourse. There has just been received a pamphlet comprising "Three Lectures preliminary to a Course on the Principles and Practice of Surgery," by Professor Gibson, and published by the class, which are equal, in point of graphic interest, to one of Murry's Hand-books for travellers in Europe. We have seldom read anything that would compare with these unique introductions. Without at all departing from the legitimate business of the chair which he so honorably sustains, Dr. Gibson begins by introducing the assembly to a familiar and minute acquaintance with the personal appearance, character, position and circumstances of very many of the great operators on the Continent. Nothing could be more appropriate, since Germany has produced men of such world-wide renown, than to let us know something of each one there who is now the reigning authority in the world of science. The student is better prepared for studying the works they have produced, by thus knowing how they look, and how they became distinguished, from the mouth of one who knows them all. Who has given such a distinct bird's-eye view of Aix, in Prussia, the Kockbrunnen, or the boiling spring of Boratte ? How perfectly delightful to an ardent biographical inquirer, to have a description of Mayer, the celebrated anatomist, and his magnificent museum ; Professor Tiedemann, Chelius the operator, and other great masters in science at Heidelberg ! Then, again, Dr. Gibson carries us through Geissen, and when he fairly finishes the account of Liebig, the chemist, one regrets the pleasure could not be prolonged. Next, Dieffenbach's hospital, Muller, Berlin and its intellectual accompaniments, create an enthusiasm which those who study medicine should feel, if they would excel and in their turn become points of intellectual attraction. Should we ever visit the same scenes here so pleasantly delineated, and inspect those institutions Dr. G. describes with a rare degree of interest, the surest guide to the whole would be this pamphlet. Besides men and sights professional, he shows himself a close observer of everything which exhibits the character, taste, and the moral and mental culture of a people. In conclusion, without designing to flatter the author, who can in no way be affected by these observations, we confess ourselves exceedingly profited

by these three lectures, because they detail a class of facts which we are all alike curious to understand, but which are seldom found. Those who could not write in this way, may call Dr. Gibson's eminently-successful opening lectures twaddle, gossip, or nonsense; but it is impossible to excel him in a species of popular address that is yet truly professional.

Crania of the Engé-ena.—Before the pamphlet describing these wonderful relics was received, we had read Dr. Wyman's paper in the American Journal of Science and the Arts. From the corrections in the copy before us, it appears that some typographical errors previously occurred, very considerably injuring the text. There has existed in Africa a gigantic man-like ape, says the doctor. Four crania, two males and two females; a large part of a male skeleton, and a pelvis and some bones of a female, have been brought to the United States. There are also three crania in England; and lastly, Dr. Geo. A. Perkins, a former missionary in Western Africa, also brought to this country two skulls of the same great apes, called by the natives Engé-ena. Those who would like to learn all that is known of this family of monster apes, are referred to the Journal in which the article first appeared, it being too long to transfer to these pages. It gives us much gratification, in this connection, to speak of the attainments of the author in comparative anatomy, a too-much-neglected department in the schools of medicine.

Serpentine Spring Supporter.—Some months since, mention was made in the Journal of an ingenious instrument manufactured at Keene, N. H., by Messrs. Wilson and Morrison. They have so much improved it of late, and combined such numerous and essential requisites, that the value of the contrivance should be made known to invalids. Instead of a single metallic ribbon lying upon the spine, there are two serpentine springs, one on either side of the vertebral column. They are manufactured of wire, thrown into zigzag angles not unlike rail fence, concealed in beautiful needle-work casings. This peculiar construction admits of the most perfect freedom of motion, according to the positions given to the body in walking, sitting or lying down. At the top, shoulder braces are attached for expanding the chest; and at the base, steel springs wind round the contour of the hips, where they embrace an abdominal pad, equal in itself, in point of mechanical skill, to any other part of the apparatus; and thus it also becomes an important supporter anteriorly. By mortices at convenient distances, almost any part may be moved either way, in order to adjust the instrument to different individuals. This is an economical arrangement, and will often be found exceedingly convenient. An attentive inspection of the principles introduced in this new spring supporter, leads to the belief that it will meet the approval of professional gentlemen, wherever employed.

Mechanical Leech.—This is a delicate, curiously-contrived scarificator, having the cutting points so arranged as to make a puncture similar to a common leech-bite. A glass tube is then set over the spot, which, by withdrawing a piston, acts precisely like an air-pump. In short, it is an air-exhausting apparatus. A succession of them are applied over the same

incisions, or a dozen may be adhering to different points at once, according to the necessity of the case. Being a Parisian invention, it is neatly made, of course, but we doubt whether it is equal to the real living creatures. They have a waving, compressing motion, that urges the blood along, which cannot be imitated by any ordinary mechanical contrivance. German leeches will not go out of fashion, dear as they are, till something superior to M. Alexandre's invention is introduced.

Philadelphia College of Physicians.—So many institutions for the spread of medical science have sprung into vigorous existence in Philadelphia, that it is beginning to be difficult to recollect the name of each, or its specific object. The "College of Physicians" is an association of eminent medical gentlemen of that city, who hold stated meeting for the discussion of topics appertaining to medicine and surgery and their kindred branches, for the reading of communications, and for interchange of thoughts and the relation of facts calculated to advance the knowledge of the members in the honorable pursuit to which they are individually devoted. An accumulation of the papers thus brought together, with succinct reports of the doings of each meeting, are collectively called the *Transactions*—which are published quarterly. No one number of the series, which has now reached the third volume, is more practically useful, in all respects, than the one embracing the labors of the College from November last to January 15th. In the first place an obituary notice of the late Dr. Thomas T. Hewson, is a model biography, in regard to beauty of style and truthfulness. Next, Dr. Meigs's views on tuberculosis—both ingenious and probable—cannot be passed over without an expression of gratification. He evidently presented the germ of a new idea. The various opinions and suggestions which were offered, connected with the subject of phthisis and the therapeutic properties of cod-liver oil, are something more than every-day talk. It is due to the members to say that we have no doubt their transactions are read with profit by all who have access to them.

State Prison Health.—Among other statistical information reported to the present Legislature of Massachusetts by the executive officers of the State Prison, is a paper by J. W. Bemis, M.D., Physician of the institution. As usual, it is characterized by an orderly arrangement of the materials of which it is composed, which, with the comments of the author on the facts he has collected, in regard to the health of convicts in the Charlestown prison, shows him to be a man of close observation and excellent authority. He intimates that it is a subject for others to determine, "whether solitary imprisonment as a mode of disciplinary punishment may not be advantageously applied in all cases, with a change of prison structure." We therefore presume that he is no advocate for the barbarous punishment of flogging those refractory and poorly-understood appendages of humanity, who have forfeited their civil rights. It is horrible enough to be put in solitary confinement, on bread and water; but the shorter cut, which is implied, if not expressed, by some of the administrators of the law, of bringing the wretched beings to contrition in words, which is never felt in their hearts, by the lash, is unpardonable. Say what they may about the danger of inducing insanity by solitary-cell punishment, God in his mercy forbid that the whip should take the place of it,

and be put into the hands of men, under a commission of the State. Dr. Bemis's concluding paragraph on this point, is of much value. Looking to the general question of insanity in the prison, he says, "I am happy to say that no new case has occurred the past year, and that I am not aware of any perceptible aggravation of a tendency to insanity in the instance of any, unless it may be in the instance of Peter York, who has been thought to require solitary confinement for the safety of the lives of others."

Fife's Anatomy.—If some of our enterprising publishers of medical works would bring out an American edition of that most excellent and accurately minute system of demonstrative anatomy, by Andrew Fife, from the Edinburgh edition of 1815, in four volumes, they would be sure, we think, to find steady sale for it. The tendency is of late to generalize so freely, that very minute anatomists are becoming scarce. All the plates in this work are distinguished for their truthfulness, and are worthy of reproduction, notwithstanding the advances made since Mr. Fife wrote. Nature remains the same, although the mode of examining her productions is constantly varying.

Northern Lancet.—At Plattsburg, N. Y., a monthly Journal of a mixed character has been started, called the *Northern Lancet*. It contemplates the dissemination of knowledge respecting medical science, literature, natural philosophy, botany, natural history, mineralogy, and legal medicine. The intention seems to be to have the whole community interested in its support. A popular cast, therefore, must necessarily be given to the articles, and all technicalities should be carefully eschewed. There are some good and brilliant suggestions in the specimen number—especially those on anatomy and physiology. With the amount of cerebral activity which the conductors of this new enterprise display, there was no necessity for drawing so copiously from its venerable namesake in London. They may be sure that their patrons will always prefer original, to selected matter. Horace Nelson, M.D., and Francis J. D'Avignon, M.D., are the originators and editors. From an examination of the catalogue of subscribers appended to the last page, the art of gathering patronage at Plattsburg has attained greater perfection than any process known to the editorial fraternity in Massachusetts. While wishing the talented and industrious editors that success for the work which their efforts merit, we also desire to express an individual interest in their onward progress to literary and scientific distinction.

History of Cholera in North America.—Thos. Y. Simons, M.D., Chairman of the Board of Health at Charleston, S. C., has sent circulars over the country, addressed to gentlemen holding similar official stations, asking for information concerning the cholera, which we trust will be cheerfully furnished. His communication runs thus. "As I am making investigations as to the History and progress of Cholera in the United States and British possessions in North America, the following information is respectfully solicited as regards your City. 1st. When did Cholera occur, and how many times? 2d. Do you ascribe its existence or propagation as by introduction from other Cities, or from atmospheric changes; if the former, please state the facts upon which it is predicated? 3d. What portion of

deaths as regards Males or Females? 4th. What were the proportion of those who died over 16 years, to those under that age? 5th. Among what Class of Individuals did it principally prevail? It is proper here to state that Cholera occurred in 1836 in Charleston, and it is believed two years after its disappearance in North America, and hence I am particularly desirous of obtaining the answers to the above interrogations."

This Journal is not responsible for the bad English of this circular.

Medical Miscellany.—Typhus fever has been prevalent at Panama.—Calvin H. Chase, M.D., of Rochester, N. Y., is the editor of a new publication called the "Flag of Freedom," abounding in medical matters, although intended for a general family paper.—Dr. T. S. Lambert, who formerly discoursed on anatomy before popular audiences in Boston, is now at Harrisburg, Penn. He recently petitioned the legislature for leave to lecture before that body, Firstly, on the evils of quackery and quack medicines, and the importance that something be done to check the impositions from which the public suffers so much at present. Secondly, to show that life commences at the time of conception, and that abortion cannot be procured at any time without high crime, as it respects the child, and great injury to the mother.—At Rambervilliers, France, horses have, it is said, had cholera, and also cerebro-spinal meningitis.—Dr. F. W. Fuller is president of the Erie Co. Med. Society, Penn.—An institution for the education of the Deaf and Dumb, is about to be established at Flint, Michigan.—A post-mortem examination having taken place at a police station house, in New York, the person who cleaned the room accidentally cut his finger with a piece of bloody glass. He lingered about six weeks in great agony, and finally died from the effects of the wound.—Dr. Samuel Axtel is president of the Mercer Co. Medical Society, Penn. Dr. James W. Grier was chosen delegate to the Medical Association, at Cincinnati.—Dr. Samuel Denton is president of the Michigan Medical Association. The meetings are at Ann Arbor.—Suits for mal-practice are becoming almost as common in some parts of Pennsylvania, as in Western N. York, Vermont, New Hampshire, and sections of Massachusetts. They are found to terminate profitably for the patient, and hence their frequency. In China the American missionary surgeons utterly refuse to operate, till a bond is executed to save them from this system of after-prosecutions, and that measure should be adopted in all our law-infected districts.

BORROWED BOOKS.—Medical gentlemen in the city and neighboring towns, having books belonging to the Editor, will confer a peculiar favor by returning them immediately.

TO CORRESPONDENTS.—Dr. Field's letter from London, Dr. Collins's Case of Hydrocephalus, Dr. Chapin's remarks on Venereal Disease in the Sandwich Islands, and J. P. H.'s Recollections of Baron Larrey, have been received, and will be inserted as soon as space can be obtained.

Several anonymous communications are on hand, some of them announcing intelligence that is both new and interesting, but being minus a name, must necessarily be denied publication. A paper from New York, and another from Taunton, Mass., are the most prominent at this time. We should at once be plunged into the vortex of a quarrel if either of them were put in type. When gentlemen sign their names to their papers, the way is more free from embarrassment to the editor.

Deaths in Boston—for the week ending Saturday noon, February 16, 68.—Males, 27—females, 41. Accidental, 1—inflammation of the bowels, 3—bronchitis, 1—disease of the brain, 1—burn, 1—consumption, 9—convulsions, 5—cancer, 1—croup, 2—debility, 2—diarrhoea, 1—delirium tremens, 1—dropsy, 2—dropsy of the brain, 5—drowned, 1—erysipelas, 1—fever, 2—typhus fever, 1—scarlet fever, 2—lung fever, 3—puerperal fever, 3—hooping cough, 3—hæmorrhage, 1—infantile diseases, 2—disease of the liver, 1—marasmus, 4—malformation, 1—peritonitis, 1—disease of the spine, 1—scrofula, 1—smallpox, 3—suicide, 1—teething, 1.

Under 5 years, 30—between 5 and 20 years, 3—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 6. Americans, 29; foreigners and children of foreigners, 39.

Cheapness of Medical Periodicals.—We have occasionally had complaints—and no doubt the conductors of other Medical Journals have had the same—that we do not furnish reading matter enough for the money paid us annually by subscribers. This opinion, if founded on any thing more than a hasty conclusion, is probably drawn from a comparison with works of a political, literary or miscellaneous character, which number among their readers all classes and conditions of men and women, and whose thousands of copies may of course be furnished at a cheaper rate than the hundreds of a work designed for one class alone. Especially may this be done, when, as in the case of newspapers, the income from advertising is often larger than that from subscribers. Occasionally we have had comparisons instituted, in this matter of cheapness, between our Journal and other medical periodicals; and one subscriber north of us has actually just stopped his subscription, because, as he said, the New York and Philadelphia journals were cheaper than ours. It was useless to point out to him the differences in the size of type and page, by means of which a much larger amount of matter may be contained in one work than in another of apparently the same dimensions. But our object is not to draw comparisons between medical periodicals, but to show, that though not furnished at so low a price as some other periodicals of a different character, they all may be said to be cheap. To corroborate this assertion, we copy the following paragraph from the last report of the Committee on Medical Literature, of the American Medical Association, drawn up by the late lamented Professor Harrison. After giving a list of the medical periodicals of the United States, he says—

“The cheapness of these periodical publications greatly favors their wide diffusion. Our oldest and best established medical periodical, the *American Journal*, with its *Medical News and Library*, costs five dollars, for which sum the reader is furnished during the year with about fourteen hundred pages of sound matter. The *Medical Examiner*, for three dollars, gives its subscribers near nine hundred pages of good reading. The *New York Journal of Medicine* presents the same inducement of cheapness as the other two, and is equally entitled to praise for the judiciousness and ability with which it is conducted. The *Ohio Medical and Surgical Journal*, published in Columbus, for two dollars annually, affords its patrons near six hundred pages of instructive matter. The *Boston Medical and Surgical Journal* presents, in its two volumes, published within the year, more than a thousand pages; which are to be had for three dollars. This well-conducted journal has long maintained its present high position.”

Transactions of the American Medical Association.—The following information, regarding the transmission of the volume of Transactions, just published, will be of interest to some members of the Association. It is taken from *The Medical News*.

“The second volume of these Transactions has been published, and will immediately be sent to those members who are entitled to receive it, who reside in the large towns or on express routes. Those members who have paid the assessment, and do not receive a copy, may obtain one on application to the publishers, Messrs. Lea and Blanchard, Philadelphia; or, it will be forwarded to them on their notifying the Treasurer of the Association of the mode of conveyance by which it can be sent.”